

**REPORT OF PERFORMANCE ON QUALITY INDICATORS TO QUALIFY FOR
EXTRA PAYMENT IN RECOGNITION OF SUCCESSFUL OUTPATIENT
TREATMENT OF CHF**

Instructions:

This report applies only to M+COs that are applying for extra payment in recognition of the costs of successful outpatient CHF care. Definitions to be used in this report are provided in section B of the CHF OPL. Established threshold levels for these quality indicators may be found in the “Advanced Notice of Methodological Changes in the Medicare+Choice Payment Rates for Calendar Year (CY) 2002”, published on January 15, 2001.

Contact Name _____ H-Number _____

M+CO Name _____

Telephone Number _____ Fax Number _____

I. Quality Indicator EP1:

A. Number of M+CO enrollees with principal inpatient discharge diagnosis of congestive heart failure (CHF) with a greater than a one-day stay during index time frame.

B. Number of M+CO enrollees with a greater than one day stay for a principal inpatient discharge diagnosis of CHF during index time frame who had, as of October 1 of reporting year, evaluation of left ventricular function (LVF) _____

C. Proportion (defined as B/A) _____

II. Quality Indicator EP2:

D. Number of M+CO enrollees with a greater than one day stay for a principal inpatient discharge diagnosis of CHF during index time frame who had left ventricular systolic dysfunction (LVSD) _____

E. Number of M+CO enrollees with a greater than one day stay for a principal inpatient discharge diagnosis of CHF during index time frame and documented LVSD who are either prescribed angiotensin converting enzyme inhibitors (ACEI) or have a documented reason for not being on ACEI as of October 1 of reporting year.

F. Proportion (defined as E/D)_____

Notes: You should review your submission. Note that the number placed in 1.B should be less than the number placed in 1.A. The number in 2.D should also be less than 1.B. The number in 2.E should be less than 2.D.

Sampling

For M+COs with greater than 400 enrollees with a diagnosis of CHF who have sampled their population (your sample size should be no smaller than 400 enrollees), describe your sampling methodology.

Description of CHF Disease Management

Attach a brief description (e.g., two pages) of the strategies and processes (e.g., disease management program) for managing the care of the designated CHF population

Return report no later than January 31, 2002 to:

Angela Porter

Center for Health Plans and Providers

HCFA, C4-13-01

7500 Security Boulevard

Baltimore, MD 21244-1850

Or

aporter@hcfa.gov

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0840. The time required to complete this information collection is estimated to average 5.5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.